

Certified Public Manager Program Application

Part A: To Be Completed By Applicant

Preferred CPM Cohort (Start Date or Cohort Number): _____

Employee Name: _____
(Last) (First) (Initial)

Title: _____ Organization: _____

Business Address: _____

Home Address: _____

Email Address: _____

Phone Number: _____

Please check the category below that most accurately describes your current position:

☐ Senior Manager ☐ Middle Manager ☐ Supervisor ☐ Employee

Please check the category below that most accurately describes your level of education completed:

☐ High School ☐ Associate ☐ Baccalaureate ☐ Graduate

Total Years in Government: _____

Please briefly describe your management and leadership experience: (Attach an additional sheet if desired)

Please attach the following with this application:

- Signed letter of intent to participate fully and complete all requirements (Part C)
- Letter of recommendation from your supervisor or manager

Applicant's Signature: _____ Date: _____

Accommodation Request: Please indicate if you have any special needs that we can address to make your participation more enjoyable. Please allow eight weeks notification.

☐ Braille ☐ Sign Language Interpretation ☐ Large Print ☐ Other: _____



Submit completed applications and attachments to:

Performance & Development Solutions
Department of Administrative Services
Human Resources Enterprise
Hoover State Office Building, Level A
1305 East Walnut
Des Moines, IA 50319

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Part B: To Be Completed By Employer

Courses will be held over 17 months in Des Moines, generally two or three consecutive days each month. The curriculum consists of 300 hours of professional training. The cost of the program is \$3,500.

BILLING INFORMATION:

Organization: _____

Billing Contact: _____ Contact Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

STATE AGENCIES ONLY:

Accounting Line: _____
(Fund) (Agency) (Org)

BILLING PREFERENCES (please check one):

- ☐ Please bill agency/organization a one-time fee of \$3,500
☐ Please bill agency/organization a monthly fee of \$250 for 14 months

Special billing instructions: _____

This nomination for _____ has been made without preference to race, color, national
(Employee Name-Printed)
origin, sex, age, disability, creed, or religion. This applicant will be permitted to participate in and complete all requirements of the Certified Public Manager Program.

Name of Supervisor: _____

Title: _____ Phone: _____

Supervisor Signature: _____

Organization Director/Appointing Authority Signature: _____

For more information about the CPM program, visit our [website](#)

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Letter of Intent

Part C: To Be Completed By Applicant

Performance & Development Solutions
Department of Administrative Services
Human Resources Enterprise
Hoover State Office Building, Level A
1305 East Walnut
Des Moines, IA 50319

CPM Program Coordinator:

This letter expresses my intent to participate fully and complete all requirements of the Certified Public Manager Program. I will commit to attend and participate in all classes throughout the seventeen-month curriculum. Additionally, I will commit to applying the program's principles and the professional knowledge gained to my current working environment.

Sincerely,

(Participant's Signature)

(Date)